

State of Rhode Island and Providence Plantations  
Department of Administration  
Division of Purchases

**RIVIP BIDDER CERTIFICATION COVER FORM**

**SECTION 1 - BIDDER INFORMATION**

*Bidder must be registered as a vendor on the RIVIP system at [www.purchasing.ri.gov](http://www.purchasing.ri.gov) to submit a bid proposal.*

**Solicitation Number:** 7549190A2  
**Solicitation Title:** REFRIGERATION MONITORING & SERVICE FOR THE CDC COLD STORAGE WAREHOUSE - DOC ADDENDUM 2  
**Bid Proposal Submission Deadline Date & Time:** 2/9/2015 11:30 AM  
**RIVIP Vendor ID #:** 73561  
**Bidder Name:** Wm. J. Lamar & Sons, Inc.  
**Address:** 19 Commerce Street  
Greenville , RI 02828  
USA  
**Telephone:** 401-349-5430  
**Fax:** 401-349-5433  
**Contact Name:** Timothy Lamar  
**Contact Title:** VP  
**Contact Email:** [timlamar@lamar-and-sons.com](mailto:timlamar@lamar-and-sons.com)

**SECTION 2 —DISCLOSURES**

**Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.**

*Indicate "Y" (Yes) or "N" (No) for Disclosures 1-3, and if "Yes," provide details below. Complete Disclosure 4.*

- N   1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- N   2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- N   3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.
4. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address.

principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

*Disclosure details (continue on additional sheet if necessary):*

Michael J. Lamar - 19 Commerce St. Greenville, RI 02828 (President / Service Manager) 40%
Deborah A. Lamar - 19 Commerce St. Greenville, RI 02828 (Secretary) 30%
Timothy W. Lamar - 19 Commerce St. Greenville, RI 02828 (Vice President / Project Coordinator) 30%

### SECTION 3 —CERTIFICATIONS

**Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.**

*Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.*

#### THE BIDDER CERTIFIES THAT:

- Y 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
- Y 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
- Y 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
- Y 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- Y 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
- Y 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
- Y 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- Y 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

*Certification details (continue on additional sheet if necessary):*

Master Mechanical Contractor (Class "A")
Commission of Pipefitters and Refrigeration Technicians #0008
Refrigeration / Master 1 #00006502

Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this RIVIP Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The person signing below represents, under penalty of perjury, that he or she is fully informed regarding the preparation and contents of this bid proposal and has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

**Date:** 02-09-2015

Timothy W Lamar  
Name of Bidder  
Signature in Ink

Printed name and title of person signing on behalf of Bidder



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration  
DIVISION OF PURCHASES  
One Capitol Hill  
Providence, RI 02908-5855

Tel: (401) 574-8100  
Fax: (401) 574-8387  
Website: [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

January 15, 2015

**ADDENDUM NUMBER ONE**

**RFQ # 7549190**

**TITLE: Refrigeration Monitoring and Services for the CDC  
Cold Storage Warehouse, DOC**

**Closing Date and Time: 2/9/15 at 11:30 AM (Note Change)**

**Per the late issuance of this ADDENDUM #1 (1) page, the following change(s) are  
noted:**

**Please be advised the Bid Closing Date and Time has been extended:**

**From: 1/20/15 at 11:30 AM  
To: 2/9/15 at 11:30 AM**

☒ **Specification Change /Addition / Clarification**

**There has been a second (2<sup>nd</sup>) MANDATORY Pre-Bid Conference scheduled for:  
Location: Central Distribution Center, 25 Power Road, Cranston, RI 02920, Main  
Entrance**

**Date: Monday, January 26, 2015  
Time: 9:00 AM**

**NOTE: If you attended the 1<sup>st</sup> Mandatory Pre-Bid Conference, you are not required to  
attend the 2<sup>nd</sup>.**

**Attached is a copy of the original sign-in sheet.**



# Request for Quote

Page 1 of 2

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
ONE CAPITOL HILL  
PROVIDENCE RI 02908

BUYER: Ohara 2nd, John F  
PHONE #: 401-574-8125

CREATION DATE : 30-JAN-15  
BID NUMBER: 7549190,2  
TITLE: Refrigeration Monitoring and Service for the CDC  
Cold Storage Warehouse - DOC

BLANKET START : 01-APR-15  
BLANKET END : 31-MAR-18  
BID CLOSING DATE AND TIME: 09-FEB-2015 11:30:00

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SMITH ST  
PROVIDENCE, RI 02908  
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DOC CENTRAL DISTRIBUTION CENTER  
25 POWER ROAD  
CRANSTON, RI 02920  
US

Requisition Number: 1393179

Amendment Description: Addendum Number Two

Line	Description	Quantity	Unit	Unit Price	Total
	<p>Addendum Number One</p> <p>Please see the attached two (2) page Addendum with date changes and a 2nd Mandatory Pre-Bid Conference.</p> <p>Blanket Requirement: April 1, 2015 - March 31, 2018 with option to renew for two more years at the State's sole discretion.</p> <p>There will be a Mandatory Pre-Bid Conference held. Please visit our website: <a href="http://www.purchasing.ri.gov">www.purchasing.ri.gov</a> for the Date, Time and Location. Or see page one (1) of this Invitation to Bid.</p> <p>Addendum Number Two:</p> <p>Be advised we have added wording to the request for parts discount listed under item six (6).</p> <p>It now reads:</p> <p>Parts not covered by the Scope of Work, (72 hour turnaround time on all parts and labor) shall be supplied at the Manufacturer's List Price less <u>10</u> %.</p>				
1	4/1/15 - 3/31/16 Monitoring & Service work for the refrigeration system, per attached specifications (Bid a rate per quarter).	4.00	Each	7,175.00	\$28,700.00
2	4/1/16 - 3/31/17 Monitoring & Service work for the refrigeration system, per attached specifications (Bid a rate per quarter).	4.00	Quarter	7,325.00	\$29,300.00
3	4/1/17 - 3/31/18 Monitoring & Service work for the refrigeration system, per attached specifications (Bid a rate per quarter).	4.00	Quarter	7,425.00	\$29,900.00
4	4/1/15 - 3/31/16 Journeyman Hourly Rate on site for repairs needed and not covered by the attached Scope of Work	1.00	Hour	96.00	
5	4/1/16 - 3/31/17 Journeyman Hourly Rate on site for repairs needed and not covered by the attached Scope of Work	1.00	Hour	98.00	

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



# Request for Quote

Page 2 of 2

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
ONE CAPITOL HILL  
PROVIDENCE RI 02908

CREATION DATE : 30-JAN-15  
BID NUMBER: 7549190,2  
TITLE: Refrigeration Monitoring and Service for the CDC  
Cold Storage Warehouse - DOC

BUYER: Ohara 2nd, John F  
PHONE #: 401-574-8125

BLANKET START : 01-APR-15  
BLANKET END : 31-MAR-18  
BID CLOSING DATE AND TIME: 09-FEB-2015 11:30:00

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DOA CONTROLLER  
ONE CAPITOL HILL, 4TH FLOOR  
SMITH ST  
PROVIDENCE, RI 02908  
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DOC CENTRAL DISTRIBUTION CENTER  
25 POWER ROAD  
CRANSTON, RI 02920  
US

Requisition Number: 1393179

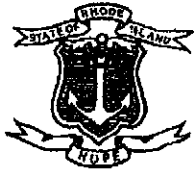
Amendment Description: Addendum Number Two

Line	Description	Quantity	Unit	Unit Price	Total
6	4/1/17 - 3/31/18 Journeyman Hourly Rate on site for repairs needed and not covered by the attached Scope of Work  REVISED WORDING:  Parts not covered by the Scope of Work, (72 hour turnaround time on all parts and labor) shall be supplied at the Manufacture's List Price less 10 %.	1.00	Hour	100.00	

Delivery: \_\_\_\_\_

Terms of Payment: Net 30 Days

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex  
1511 Pontiac Avenue  
Cranston, RI 02920-4407

Telephone: (401) 462-8000  
TTY: Via RI Relay 711

Lincoln D. Chafee  
Governor

Charles J. Fogarty  
Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at [www.dlt.ri.gov/pw](http://www.dlt.ri.gov/pw).

**CERTIFICATION**

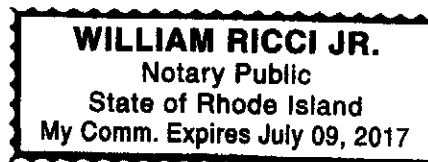
I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By: Timothy W. Lamar

Title: Vice President / Project Coordinator

Subscribed and sworn before me this 9 day of February 2015

William Ricci Jr.  
Notary Public  
My commission expires: 7/9/17



*An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.*

*TTY via RI Relay 711*

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Wm. J. Lamar &amp; Sons, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) <b>19 Commerce Street</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Greenville, RI 02828</b>	
7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
0	5	-	0	3	8	1	8	7 1

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person		Date	<b>2/5/15</b>

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that the FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.